INDUSTRIAL NURSING

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Industrial Nursing

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Nurses in Industry

—As Teachers in Good Food Habits—

THE subject of nutrition is one that cannot be overlooked by industrial nurses. We who serve in industry are a vital force in the promotion of health education, and no element of health is more outstanding than the influence of proper foods. During our training days, we were taught that nutrition plays an important part in the building of health and, to some extent, the underlying principles upon which nutrition is based. Time, however, did not permit us to learn all the details, so it is imperative now that we look to the trained dieticians and the experts in this field.

There is a great deal of information available on the subject of nutrition, but much of it needs to be translated into terms easily understood by the people who are employed in our industries. This translation is something we can do. Education along nutritional lines should be a very important part of every health education campaign, particularly within the plant. Your local and state health departments will have information on this subject, and will tell you where refresher courses are being given. Posters and charts are helpful. The National Dairy Council, in Chicago, has beautiful posters and a great deal of material which may be purchased at a very low cost. So has Servel, Inc., at Evansville, Indiana. And Westinghouse, at Mansfield, Ohio. A postcard will bring complete descriptions; or they can be secured from the local public utility company. If the light company hasn't them, the gas company has. Such things are usable for our bulletin boards. If we watch our nursing journals, we will find articles on nutrition in nearly every issue. State nutrition committees have been organized in every state, and these, no doubt, will soon become a part of the State Defense Council. One of the specific nutritional subjects which might well be taken up in the various industrial nurse groups is that of plant lunches. Whether these are carried in boxes, served out of kitchens, or bought at nearby restaurants matters little. There are many ways in which we can approach the problem of their proper content if we but give some time and thought to it.

As to the desirability of more milk, employers in industry will be cooperative in seeing that milk machines are installed or that milk is delivered to the plant at convenient hours. Where there is no cafeteria, they may even agree to a lunch stand, where hot and nutritive foods may be purchased at minimum cost.

THE nurse can perform a real service to industry, along with her many other duties by securing authoritative technical information, translating it into popular terms and, finally, seeing to it that the information finds prompt and efficient application in the plant where she works.

We shall be pleased to have your further suggestions or comments on this subject. Perhaps some of you are making this problem of food a real project. May we hear from you?

THE WAR CONFERENCE, to be held in Rochester, New York in May, 1943, as the joint meeting of the AMERICAN ASSOCIATION OF INDUSTRIAL PHYSICIANS AND SURGEONS, the AMERICAN INDUSTRIAL HYGIENE ASSOCIATION and the NATIONAL CONFERENCE OF GOVERNMENTAL HYGIENISTS, will have much of great value to industrial nurses on its program. All of them are invited to attend. It is hoped they will.

Newer Opportunities

—In Industrial Nursing—

CRIT PHARRIS, M.D.,
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INDUSTRIAL nursing, like industry itself and everything closely related to it, is now in the most critical period of its existence. It is only natural, therefore, that much thought should be given to industrial nursing in an attempt to diagnose its ailments and prescribe proper and immediate treatment. This is an enormous task, and the writer is hereby disclaiming any real qualifications for the job. This discussion is not being presented in any respect other than as the frank observations of an industrial hygienist who has been privileged to participate in a most interesting phase of public health for a few years and has had the opportunity to observe some of the accomplishments and problems of industrial nursing. Most of these observations have been from the "sidelines," so to speak, but they are based on a profound respect for the service and a sincere desire to cooperate in any efforts for its extension and improvement.

Before taking up the newer opportunities in industrial nursing, it would seem necessary to consider some of the more important problems confronting the profession and to examine, at close range, the existing structure we know as industrial nursing. Then it would seem that the opportunities which are present and those which lie ahead could be discussed in a much more understanding manner.

General Problems

WHAT are some of the outstanding problems in industrial nursing today? Are they all new, or are some of them the same old ones which are now being viewed in a newer light and with greater meaning? Perhaps we could arrive at more correct answers by briefly reviewing the history of industrial nursing and analyzing certain trends and creeds which exert significant influence upon the present status of the profession.

Evolution of Industrial Nursing

THE evolution of industrial nursing has followed the same general and somewhat aimless steps that have characterized the progress of the total program dealing with the health of industrial workers. These shortcomings have been due more to omission than to commission, and no single individual or group of individuals should bear the brunt of indictment.

With the dawn of the modern industrial era in England during the earlier part of the last century, the employer-employee relationships were not markedly unlike those of more typically feudalistic days—with the employee on the losing end, particularly in so far as his physical welfare was concerned. Then came the slow but gradual development of a new era which was motivated somewhat by philantrophy on the part of a handful of industrialists, but principally by the cries of labor and the none too prompt demands made by the government. During these early days, health services were added occasionally and sporadically. But it was not until the advent of workmen's compensation legislation that specific medical and nursing services were given a chance.

The earlier health programs in industry were concerned almost entirely with surgical repair of accident victims, and it was not until the earlier part of the present century that the seeds of prevention began to bear fruit. Along about this time the medical, engineering and nursing professions began to function together, with the result that preventive health service in industry appeared on the frontier. But the practice of therapeutic medicine and nursing had been so forcefully stamped into the picture that preventive service was stunted. Even today traumatic surgery represents the only type of health care to be found in a majority of our plants. It is not strange, then, that industrial nursing has been looked upon for so long as merely surgical in nature.

The first World War, with its many industrial health problems, exerted a powerful influence upon the expansion of medical and nursing service in industry, and, for a time, it appeared that the progress along these lines would at last come up to justifiable levels. But the depression set many things back, including medical and nursing service, to the extent that, of the plants which were able to retain any type of health service, a large majority provided only rudimentary surgical care.

From this low tide of industrial experience we found ourselves on the upward swing again and at a pace which has far surpassed any previous experience. Industry, which had been forcibly throttled down to bare subsistence levels during the depression, was suddenly called upon to gear itself up to a wartime tempo and at a terrific rate. The medical and nursing services which came into this hectic era of industry were none too well developed or securely entrenched, and the ride on which they were taken, first to the depths then suddenly upward, taxed to the utmost the strongest qualities they possessed. They not only weathered the storm but also proved to industry that they, too, were able to "tool up" to meet unprecedented demands. The manner in which these handicaps were overcome should convince the most skeptical critics that even greater efforts can be and will be made to conserve the health of industrial workers.

Conceptions of Industrial Nursing

ONE of the most outstanding problems confronting industrial nursing today is an old one which has been manifest for a long time but which now takes on a degree of significance not previously recognized. Reference is made to the lack of specific understanding concerning nursing service in industry and the inadequate facilities for training industrial nurses, together with the closely related faulty organization and direction of plant nursing programs.

Nurses took up industrial work during the earlier days for about the same reasons that they are going into it today. Some were inspired, and they did monumental work. But other nurses went into plants because they were getting along in years and found it difficult to compete with younger nurses, while some came in through the door of personal friendship, or similar portals, and brought nothing with them except corpulence and laziness. Fortunately many of the earlier nurses were true pioneers, and they have saved the day for the group.

Preliminary training in industrial nursing was unheard of during the earlier days, and even now very little space is being given this subject in undergraduate and postgraduate curricula. The organization of industrial nurses throughout the country has not reached the stage of development equal to yours, and no such societies are to be found in some states. Plant nurses, too, often are isolated from each other, with the result that they carry on year after year under their own strain without stimula-

Presented at the Annual Meeting of the Industrial Nurses' Section of Massachusetts, Boston, November 4, 1942.

tion and guidance from any professional groups.

All of these, and other conditions which could be named, have been part and parcel of industrial nursing during the past, and they still are defects which are too often found. You have been thrown into the maelstrom, which now engulfs the whole of industry, with these millstones around your neck. Fortunately, however, leaders in the field have not been content to tolerate this situation, and commendable improvement has been made during recent years.

Ethics and Professional Status

ANOTHER problem which would seem to confront the industrial nurse at the present time concerns the ethics and proper recognition of industrial nursing as a professional branch of nursing. The respect the earlier industrial nurses were given by other nurses was, on the whole, somewhat unenviable and quite similar to that received by the earlier industrial physicians and surgeons. The extent to which the old guard looked down their noses at you was due in part to the unsavory reputation of some of the industrial nurses, but the greater part of this suspicion and opposition was a natural reaction of the "status quo" girls and others who just could not see what any nurse could do in a factory. But you have won this battle also—in fact the prestige of industrial nursing has reached the plane of respect where more and more nurses are turning to this field.

There have been some differences of opinion as to just how the plant nurse should be classified in her profession. The idea has been growing in some circles that industrial nurses are public health nurses. It is true that good industrial nurses do preventive nursing and health education with far-reaching influence upon the public health. But their duties, as well as the bases upon which they are employed, do not permit us to put plant nurses in the same professional classification as nurses employed by official and non-official agencies for the purpose of doing community health work. The same analogy which has been used to classify plant nurses as public health nurses, if consistently applied, would also include progressive nurses employed by pediatricians as well as those in outpatient departments, venereal disease clinics, and even private practice. These latter nurses do, or should, practice preventive nursing. There has been some opposition to the creation of sections of industrial nursing in state nursing organizations on the ground that such nurses are public health nurses and should become affiliated with the existing public health nursing sections. It is no more logical to classify plant nurses in such a manner than it would be to say that modern plant physicians, pediatricians and internists are public health physicians.

Provision of Nursing Service

ANOTHER problem which is confronting industrial nurses to some extent, and one which promises to increase in importance, is the provision of industrial nursing service by official and non-official public health nursing agencies. A great deal is being said along this line at the present time, and some local visiting nursing agencies now have contracts with plants of varying sizes. Projects of this type have been in existence for several years in a few areas, and some good work has been done. Time and space do not permit a detailed discussion here of the advantages and disadvantages of plant nursing service rendered by such agencies. It does appear important, however, that industrial nurses study this question carefully. From the ethical point of view, as well as from the standpoint of type and value of plant services concerned, it would seem that exploitation of plant nursing services by official or non-official agencies upon a per call or contract basis of any type is, in general, unfair competition with the private practice of industrial nursing, and does not differ in principle from medical service which any official or subsidized agency would offer to an industry in connection with its medical and surgical problems. There is an excellent opportunity for the local nursing agency to be of service to industry and the community in connection with the home conditions of workers losing time from work. Follow-up on absenteeism serves as a specific example, and services of the type involved would be those for which the average public health nurse already is trained.

Plant nursing service is still another phase of nursing, however, and one concerning which very few public health nurses possess any specific knowledge or experience. Many leaders in public health nursing are aware of these problems and they are shifting emphasis from the plant to general community health problems, and are studying ways and means of cooperating more effectively with plant nurses concerning such home problems.

There are plants where public health nurses can be of service provided they know something about industrial health problems. Small plants having, say, under 200 workers each and no problems justifying full-time nursing service, could be taken care of by the local nursing agency on whatever bases the circumstances would dictate. Other plants having upward to 500 employees might also be put in this category, particularly during the present shortage of full-time nurses.

Some exceptions to this statement probably will have to be made during the present war. With the continual calling of able-bodied nurses into the armed services it is imperative that the remaining nurses be utilized to the greatest possible advantage. Many of the nurses in plants who are eligible for war duties probably will have to be replaced by others who are not physically fit for military service. It is also possible that more of the nursing agencies will be called upon to provide in-plant nursing service on some scale, even in plants larger than those mentioned above. This whole problem of mobilization and distribution of nursing care commands most careful attention.

Shortage of Nurses

ANOTHER problem along this line which is of some importance and probably will have to be dealt with is the employment of nurses in industry on production jobs and not on nursing assignments. There probably are at least 75 of these "hidden" nurses in industries in Connecticut. Some of them have given up nursing to get bench jobs, while others have long since retired from their professions. In view of the growing shortage of nurses in the country these people should be made available for nursing positions.

As a result of actual or anticipated shortage of nurses, nursing assistant courses have sprung up all over the country and are turning out thousands of people who will be utilized in one way or another in places normally filled by registered nurses. While this procedure is sound in theory and now is principally a war-time emergency measure, some professional problems will require careful attention. Not all of these nursing assistants will be content to be "demobilized" after the war, and some will find their way into plants as industrial

nurses, trained attendants, or whatever other type of worker they and their employers may care to call them. There actually may be situations where such people will be needed, but care should be exerted to see that they are not employed on jobs where registered nurses are needed and available. It would seem to be the responsibility of the industrial nursing profession to sell the service to the extent that industry will follow their advice and will not be content to accept "something just as good and cheaper."

The foregoing discussion has dealt with problems relating to the standards of the profession as a whole. They were brought up here primarily for the purpose of examining the industrial nursing machinery which will run on an all-out production basis for the duration and with few opportunities for being re-designed or repaired. It is essential that the manufacturer know the capacity and limitations of any particular machine in order to plan his production schedule accordingly. Likewise, industrial nurses must have similar information concerning their facilities for production.

Specific Problems

Now that we have spent some time in discussing some of the general problems which require organized study and attack, let us look at some of the specific plant health situations and consider opportunities for coping with them.

OCCUPATIONAL INJURIES: Since the foundation of industrial nursing always has been palliative or therapeutic service, and this type of work still is of tremendous importance in a majority of plants, industrial nurses must not only face the situation to the extent of doing surgical nursing but must also make this service fit into a much broader and more effective program. It is the nurse's responsibility to do everything within her power to keep the man on the job, or to get him back to work as soon as possible. Merely to patch up the accident victims without directing any effort toward accident prevention is a wasteful way of doing business.

Injuries always have been the principal waste of manpower, and they now are playing a destructive role of greater importance than ever before. The hectic wartime industrial tempo alone is of enough influence to cause injuries to increase in many plants. When to this situation we add the influences produced by the employment of workers who are defective because of age, disease and deformities, inexperience and mental maladjustments, together with others who, for other reasons, do not measure up to the standards of fitness which prevailed under more normal circumstances, the accidents mount accordingly.

In many instances the nurse finds it physically impossible to do a good job with the actual injuries, to say nothing about prevention. This is a sorry situation, which no one deplores more than nurses themselves. But we are fighting a war which demands the utmost of every combatant whether on the battlefield, in the plant, or elsewhere. It is vitally important, therefore, that the industrial nurse put forth all the energy possible. Many opportunities present themselves for nurses to fight occupational injuries from the most effective vantage point, namely, the source. The worker is the first line of attack, and sane, tactful, friendly and challenging persuasion by the nurse during the course of her treatments, and on other occasions, will go a long way toward making the man a safe worker. Many nurses could well afford to work more closely with everybody else in the plant who might be instrumental in preventing accidents. There is no simple formula for accomplishing such results. The attributes mentioned above in connection with the worker, when applied to individual plant hazards, will bear fruit, but indifference, rudeness, laziness and dumbness certainly will not work. Many of the failures which plant nurses have experienced were due to such defects.

OCCUPATIONAL DISEASES: Occupational diseases never have constituted a problem equal to injuries, but the influence has been tremendous, and procedures for controlling disease hazards usually are more complicated. Like the campaign against accidents, great progress has been made in preventing occupational diseases. But, also like injuries, the wartime illness problems in industry now are at an all-time high level of importance, and the same general infirmities in workers as mentioned in connection with injuries must be dealt with. To these situations are added the increased and more unsafe usage of some old toxic materials together with new ones which are of definite or unknown toxic importance. Benzol is an excellent example of an old solvent which is now being used extensively and under conditions which tax the skill and patience of control forces.

The problems of industrial nursing in occupational disease control are more challenging than they are in connection with accidents. Nausea, vomiting, dizziness, loss of weight and pronounced fatigue are symptoms which may be due to a variety of conditions and may or may not be fore-warnings of a progressive industrial poisoning. While nurses are not diagnosticians in the true sense, they should be able to look for and recognize the commoner early earmarks of occupational diseases. They also should be sufficiently familiar with the plant processes and materials used to evaluate the actual or potential influence of such operations upon the health of the workers involved. Opportunities and responsibilities in this respect vary considerably in different plants. In some instances duties are specialized to the extent that each nurse will have certain circumscribed duties and with limited range of activity. In other plants she carries the major portion of whatever responsibilities along these lines are present or admitted. Modern industrial nursing covers the preventive duties mentioned here, and, regardless of whether the nurse is a member of a large staff and has certain specified duties or is working alone, she should be conversant with the health problems peculiar to her plant and be fortified to deal with them. Specific knowledge of occupational diseases is essential, but beyond this requirement the armamentoria for effective battle against such disorders are of the same type as those mentioned for occupational accidents.

NON-OCCUPATIONAL ILLNESSES AND INJURIES: The physical ability to produce is the all-important question today, and the nurse should not be just concerned with whether workers are safeguarded against occupational maladies. She also should be interested in preventing non-industrial disorders as well. More and more attention is being given to complete medical care for industrial workers. Whether this is a logical and desirable trend is a debatable question which will not be discussed here, but it certainly is within the province of the industrial nurse to lend her efforts to any accepted preventive measures which will be for more effective preservation of the health of workers in the home and elsewhere. While the average plant nurse will not be able to go very far along this line and carry on her regular plant duties, she usually

will be able to work closely with nurses and other health workers outside the plant who are specifically concerned with general community health problems. Here is a real opportunity for plant nurses to pool their efforts with such outside workers, and the dividends will be directly proportional to the efforts expended. Here again no cut-and-dried procedure can be outlined, because such services must be "tailor made" to fit local situations.

GENERAL ECONOMIC AND SOCIAL PROBLEMS: Along with both the occupational and non-occupational physical disorders are many potentially detrimental conditions which may be the deciding factors between safe and healthy workers and the converse; between happy and unhappy employees, and between other desirable and undesirable situations. Nutrition, housing, general environmental conditions and other economic and social conditions are examples of extraneous circumstances which may have tremendous influence upon production. These problems command the careful respect and attention of all of us who are interested in winning this war, and the plant nurse is, or should be, out in the front of all efforts put forth along these lines.

Measures Being Taken

ALL of the foregoing remarks concerning industrial nursing problems and the opportunities for dealing with them have been rather general in nature. It is appropriate to repeat that solutions of these problems are not always simple. Many of them are complex and amenable to correction only by careful analysis and utilization of all local facilities. But to raise all of these questions without making any specific suggestions as to how they may be dealt with would be little, if any, more constructive than to have left the entire subject alone. A great deal of progress has been made toward the desired goal, and some specific examples will be given here. It would not be possible to deal with all efforts expended in this field lately, so, for the sake of brevity, recent accomplishments in Connecticut will be given as examples.

The Profession and Industry

MANY of the problems which confront industrial nursing are also haunting the medical profession. The Medical Society of the State of Connecticut is aware of the shortcomings of medical service in industry and of the challenge which is presented by industrial injuries and diseases. To meet this challenge the society's Committee on Industrial Health and a similar committee in the State Manufacturer's Association have been studying ways and means of dealing more effectively with the industrial health problems. The aims and objectives of the committees have been set forth in the brochure, "Conservation of Manpower through extension and improvement of Industrial Medical Service."

A second important step was a symposium on industrial health held in April, 1942. Since this time definite progress has been made along the lines of cooperating with individual plants in analyzing their problems and designing effective control programs. For several months *Connecticut Industry*, the official journal of the Manufacturers' Association, has been carrying monthly articles dealing with various health problems. The Joint Committees now are actively cooperating with others in the development of a more effective and specific rehabilitation program for workers not physically fit to hold jobs in plants. These are a few examples of the impetus gained, and they are not yet going "full steam ahead."

Industrial Nurses

THE industrial nurses in Connecticut also have been active during the past two years. They are in step with the medical society and are getting their newly formed State Section on Industrial Nursing set up so that it will go a long way in coping with many of the general and individual nursing problems. They have chartered their course more closely in their brochure "Industrial Nursing in Connecticut." Other nurses in Connecticut also are taking an active interest in industrial health. Two examples are worthy of special mention here.

Public Health Nursing Services

THE Visiting Nurses Association and other nurses in one industrial area of the state have worked out a cooperative plan with one of the large plants whereby follow-up service will be rendered employees losing time from work because of injuries and illness. This is a specific example of how community nursing services can be mobilized for the benefit of industrial workers and their families. Nursing agencies in other areas are following this project with a great deal of interest and are considering similar programs for their communities.

Officials of one large Visiting Nurses Association had been considering the possibilities of doing some part-time industrial nursing work but concluded that, before taking any steps in this direction, they should learn more about industrial nursing. Consequently, they are organizing a course of instruction extending from November, 1942, through May, 1943. This course is being sponsored by the local city Health Department. Nurses engaged in public health, private industry, and in other fields will be privileged to attend. In addition to the objective of learning more about industrial health problems, they will study ways and means whereby public health nurses can best cooperate with plant nurses in rendering home services to industrial workers. In the meantime the local Visiting Nurses Association will finally decide whether, and under what circumstances, they will be able to render any part-time nursing service in plants. It is obvious that whatever service they finally decide to render will be in observance of the best interests of industrial nursing and industrial nurses.

Organized Labor

ORGANIZED labor has been very actively interested in all of the aforementioned developments in Connecticut. The follow-up service in the large plant referred to was endorsed by labor, and a noteworthy increase in individual requests directly to the nursing agencies by individual workers for nursing service already has been experienced. Some of the state leaders of labor already have expressed the definite desire to cooperate further along these lines, and there is every reason to expect that other leaders, not yet contacted, will express similar interest.

Official Health Agencies

THE Connecticut Department of Health, particularly the Bureau of Industrial Hygiene, has been actively cooperating in all of the movements mentioned here. The Director of the Bureau of Industrial Hygiene is a member of the Industrial Health Committee of the State Medical Society, and the Industrial Nursing Consultant, who also is in this Bureau, is a member of the Industrial Nursing Section of the Connecticut State Nursing Association. They have functioned in these capacities for the sole purpose of rendering any assistance possible to programs for the conservation of manpower in industry. The Industrial Nursing Consult-

ant has rendered a most excellent service to individual plant nurses during the short period of her employment, in connection with the solution of problems of the type mentioned in this paper.

The most significant observation that can be made concerning all of the Connecticut activities is that, while the work is being carried on over a widespread area and by several different organizations, they are coming closer and closer together all the time, and there is comparatively little overlapping of effort. These efforts will be brought even closer together until, within the not-too-distant future, there will be a synchronized powerful force, operating with varied special interests but with a common objective, namely, the conservation of manpower in Connecticut industry. All of the nursing problems mentioned in this paper will be dealt with and a majority, if not all of them, will be solved. The approach is long-range, and will involve much labor, but it promises more effective results than can be expected of any "arm chair" procedures.

Conclusions

THE efforts being put forth in Connecticut are to be found to a greater or less extent in many states, including your own. These efforts will bear much fruit during the present emergency, but the greatest benefits will be realized later. Industrial nursing, as we know it today, did not spring up overnight; neither can the present problems be solved as quickly. It is our responsibility to do everything humanly possible to correct all defects which are impeding the progress of the war. But it also is our responsibility to build better health services in the future. The steps which would seem to offer the greatest chances of accomplishing either or both of these objectives are essentially the same as those now under way in many communities. The opportunities for individual and collective services along these lines are unlimited.

Selling Your Program

—To Management, Supervisors and Workers—

MARION C. BRITTINGHAM, R.N.,
Cuneo Eastern Press, Inc.,
Philadelphia

THE subject I have been asked to discuss leads one to believe that industrial nurses are today invading the field of salesmanship. They are, and doing a very nice job of it, too. A few years ago this statement would have sounded fantastic, but our modern industrial nurse is playing many roles today, and selling is only one of them.

Let us first deal with her in the profession, so that we can better realize why she is in a position to act as an intermediary in industry. She is prepared to meet all emergencies—great or small. She is ever mindful of her oath and practices loyalty to the employee's confidence as well as to her doctor and employer. One might call the dispensary a "Faith Clinic" for through this department many men and women are helped through a crisis that to them is the greatest trouble of all. They look for, and get, sympathy and understanding as well as surgical care. Many times the nurse can discern the reason why John Brown's work has become inferior when only a short time before he had been the best producer in the department. John Brown, like all the other employees, will talk to "our nurse" and tell her his physical, mental, or marital difficulties, and she in turn will go quietly about finding a solution to his particular problem so that he will regain his high rating in the department. Much depends upon the attitude of the nurse in industry. Her interest and enthusiasm can be felt by the workers and she in turn gains their confidence. Advice is thus sought early in sickness or trouble, not only for themselves, but also for their families, and frequently the nurse is instrumental in restoring order in chaotic homes. Many times "trouble at home" will keep the employee's mind diverted from his work and this causes accidents. Frequently just a few kindly words or a bit of advice can make everything right again.

The nurse's loyalty to the physician is never forgotten. She clinically classifies the patients, keeps an accurate up-to-date card system for each one, and has them ready for the doctor when needed. She assists with the dressings and carries out orders for the cases that will need care after he is gone. She gives him an insight to the particular case he is treating whenever she knows there might be a contributing factor that will help in his diagnosis. She holds in confidence all of the reports that are the outcome of these examinations. She patiently details misunderstood directions of routine from family physicians, explaining to the patient the reasons for carrying out instructions. The health programs that our doctors stress must be simply and clearly explained to the worker. They must often be instructed how to care for their teeth, eyes, and bodies—and no one can do this better than the nurse.

Often she is able to help in the establishment of better relations between employer and employee. The medical department can be likened to a bridge—if its stanchions are of solid confidence, and it is paved with kindness and understanding, it is a permanent asset to that which it joins.

The industrial nurse has proved her worth to the safety engineer. In further planning the safety campaigns that all industry has been advocating, her knowledge of human nature and the type of people being dealt with has been most helpful. She is ever ready to urge the employees to adhere to safety regulations, and explains to them the seriousness of partial or complete lost time in such a way that they will realize it is not only the inconvenience of a physical injury, but a financial one as well. Because she knows the cause of many accidents, she is in a position to assist in the reduction of occupational hazards.

She does all of these things in a routine manner — and frequently does it alone. She realizes today that the job is getting bigger, and she must have help—consequently she has turned to the management, its supervisors, and its workers and is now trying to convince them all that a more productive, happier family can be the outcome of a well planned health program.

Now that I have presented a picture of our heroine, let us raise the curtain on the first act. We see Miss Jane Jones, R.N., Industrial Nurse going into the office of the management of her company. She is perhaps talking softly to herself —going over again the things she wants to present to the officials regarding a health program for the employees that will benefit the management too. Her conversation is probably something like this: "Mr. Smith, have you ever stopped to realize that it has been estimated the average loss of time per employee, per year due to illness is

seven days, and that in our country alone there are 40 million persons who are losing 280 million working days each year because of ill health? This means that 934,000 persons lose a year of work during the passage of each calendar year, and this is equivalent to the loss of productive power of a large city for this period of time. Studies made by the American College of Surgeons indicate that illness causes at least 15 times as much absenteeism as do industrial injuries." Now Mr. Smith begins to listen. He has just heard something that he probably did not know before. He has gone placidly along thinking he was doing a very good job by establishing a dispensary for Miss Jones, and permitting his employees to come to her for their various little injuries. Now Miss Jones tells him that this is not sufficient. In order to encourage greater production, and more efficient workers, he must, apparently, take a hand in their personal life as well. He might even become resentful and tell Miss Jones that his interests lie only in seeing that the company is protected so far as the compensation laws are concerned. At this point Miss Jones asks him please to give her just a little more time so that she can explain her program to him. Mr. Smith, being a gentleman at heart, agrees to give her "just a little." She will, in all probability, proceed along these or similar lines.

NO GROUP, or industry can be stronger than its weakest mental and physical unit. The first step in eliminating mental and physical defects is the pre-employment examination. By this procedure we are armed with knowledge, and we are in a position to cope with malingerers as well as the chronic complainers. Many times a man has been paid by industry for an old condition that he has had for many years because the employer was not able to prove to the satisfaction of the arbiters that he did not receive this condition while in the employ. We know this is not fair, but the only way we can successfully cope with unscrupulous charges is to present the employee's health record. This cannot be ignored, because the examination is made in the beginning and the employee knows that the findings are recorded. There is less chance for attempted malingering when we have pre-employment and systematic periodic check-ups. Frequently these examinations will bring to light chronic illnesses. In tuberculosis alone much has been done to prevent its spread among other employees. In hypertension cases a life has sometimes been prolonged because it is recognized and proper treatment started. There have even been cases where the condition was not brought to light and the employee had a stroke while working. The company has been held responsible because the man fell while he was at work. How much better it is to know our weak spots in our organizations so that we can watch them and build them, where possible, into strong ones. There was the case of a man in our own employ who was constantly complaining of indigestion. He was treated several times in the dispensary for the condition, and then was referred to his family doctor to have an examination, to determine the cause of these repeated attacks. He reported back to the nurse and told her that he had high blood pressure and a heart condition, too. He was advised to do light work and get plenty of rest. His work was light, but, since we do not police the employee's life at home, he did not get the required rest, and one Monday morning—after a pleasant Sunday afternoon driving through heavy traffic for five hours—he dropped to the floor while on his job. He was carried into the dispensary and was administered emergency treatment. The nurse knew his physical condition so that when she called for the ambulance she spoke to the doctor at the hospital and he gave her verbal orders as to what procedure she should follow. The man died of coronary occlusion brought on by overexertion and too much alcohol. Not only in the major illnesses do we benefit by being forewarned, but in minor ones as well. For instance, we have the employee who is a good worker, but complains frequently of headaches, sick stomach, etc. An examination of the eyes will often result in the knowledge that glasses are needed, and when they are supplied the efficiency of the worker is brought up to par again. In general we might say that a pre-employment physical examination of employees will tend to make them more health minded and in this way they will unconsciously become safer workers. It takes more than a physical examination, however, to keep them reminded of good health habits and careful habits while working.

To further this program, we must enlist the services of the supervisors and foremen. They can be made to realize that by sending their workers to the dispensary for treatments and care, they will help to improve the efficiency of their department. Sometimes our foremen try to discriminate as to whether or not a man is ill. If they will send the employee to the medical department to have that decision made, they will be saving themselves time and worry, and also be helping in the establishment of friendlier relations between the employee and the division heads. Our workers have a tendency toward the belief that their supervisors are not sympathetic and resent their little troubles. They do not consider that he is only doing his job in seeing that production is carried on as efficiently as possible. If the foreman refuses to permit the employee to visit the nurse, the employee will, in all probability, return to work under duress. This does not tend to encourage good workmanship. The time lost in visiting the dispensary is gained when the man has had his difficulties solved, and his ills cared for. The supervisors can help in the safety programs by looking for defects in machinery, reporting such defects and having them repaired. They should be on the alert for any hazard and have it remedied. They should insist on their employees reporting to the dispensary immediately all accidents regardless of how minor. They should encourage the practice of safety rules and see to it that they are enforced. It is an excellent plan to meet with the supervisors and foremen once a month so that the accidents that have occurred during that time can be openly and frankly discussed. They have many questions that need answers, and it is up to the medical director to help them. It will certainly give the supervisor a keen insight as to the condition and problems of the men working for him. If it is noticed that a worker seems to be lacking in his usual efficiency, or seems to be worried, or ill, the supervisor can and should approach the man and offer help. This is a kindness that is seldom forgotten and will certainly reap its rewards in loyalty. Our heroine, Miss Jones, must make the supervisors realize this.

And now we come to the employee. For some unexplained reason, our workers are extremely suspicious. They are usually of the opinion that whatever is done is for the benefit of the employer and they will usually be resentful to suggestions and new rulings. Here the nurse can prove her value. She has it within her power to convince

the worker that these safety regulations and these health programs are for his benefit. If a man can be made to realize that he is not apt to loose his job because of some chronic ailment or some physical defect, he will be cooperative and give himself to treatment. Eventually the suspicion subsides and we find the employee coming voluntarily to the medical department for consultation. He can be made to realize that the many safety precautions advocated by his employer are for his benefit and if used will frequently prevent injuries that will cause him to lose time and subsequently, money. It has been the custom in some of our industries to have safety drives and contests. It has proved successful in that each department vies with the other to have as few accidents as possible so that they can retain a high rating of efficiency. Moving pictures are good to teach safety measures. Often the worker will retain what he sees quicker than what he hears, and if the picture is dramatic he won't forget so quickly. When a physical examination is made, the employee should be advised as to the findings, and necessary treatment. Each worker should be treated as an individual and made to feel that we are interested in his personal welfare. He should be encouraged to follow through with whatever treatment is indicated, and should be commended on whatever progress is made.

The main purpose of any industrial health program is to keep the employee healthy and contented. If we have a high standard of health, we will unquestionably have a high standard of production and efficiency. The management can do this by advocating pre-employment and periodic physical examinations, by providing an adequate dispensary to give prompt and careful attention to all conditions necessitating immediate care, and by employing a nurse who is efficient and sympathetic. One who can intelligently instruct the employee in better health habits, who can advise the employer in the correction of unsafe and unsanitary conditions, and who will assist the physician in the pursuance of his objectives. In other words—a nurse who can be a cooperative intermediary. The supervisor can do his part by trying to place a temporarily or permanently disabled employee in a suitable position, by knowing the health hazards of the industry, and by aiding in the provision of measures for their control, by assisting in the preparation and pursuance of safety programs, and by cooperating with the medical department in its program for establishing better health among the employees.

There is one verse of a poem written by Edward Markham that has stayed in my memory. I give it to you hoping that it will mean as much to you as it has to me.

"There is a destiny that makes us brothers;
None goes his way alone.
All that we send into the lives of others,
Comes back into our own."

In closing, may I repeat—"All that we send into the lives of others, comes back into our own."

The Industrial Nurse

MARION G. DOWLING, R.N.,
Lowe Paper Co.,
Ridgefield, New Jersey

IN THE mind of the average person, the term industry is synonymous with the words factory or manufacturing. The first question an industrial nurse is asked is, "Do you have many accidents in your plant?"

Nurses are now employed not only in factories, but also in department stores, museums, theatres, hotels, newspaper plants, restaurants, penal institutions, mining industries, office buildings, and many other branches of industry.

Their duties are not confined to the emergency care of accidents. In addition to this necessary activity they are concerned with the physical health and the mental stability of employees. Their watchword is "prevention."

Generally speaking the industrial nurse is employed in either of two types of services.

In large industries her work is very much as it might be in any good hospital clinic, with doctors in attendance most of the time. She may be trained as a laboratory technician, an x-ray technician, a secretary, or a social worker. If so, her time may be entirely occupied with these specialties.

In many smaller industries the nurse works alone. The doctor may come to the plant at specified hours during the day or week, being on call the rest of the time. In other plants the doctor may not visit unless he is called. Other companies may find it necessary because of the lack of proper facilities to send their employees to the doctor's office for all care except emergency treatment.

Under any of these circumstances where the doctor's services are available only part of the time, the nurse's duties may be quite varied.

Certain basic precepts seem necessary to all nurses working in industrial health services. The industrial nurse should have:

1. A knowledge of all safety and health hazards in that particular industry, and control measures presently in operation.
2. She must have written, specific orders from the plant doctor, so that in his absence no time is lost in getting proper care started.
3. She must consider the employee not only as an individual link in the chain of production, but also as a member of his family and as a citizen in the community.
4. She must keep adequate records.

Some of the activities which may occupy an industrial nurse's time are:

Supervision of housekeeping in clinic.

Ordering supplies.

Administering first aid for occupational and non-occupational injuries and diseases.

Follow-up for redressings.

Supervision of first aid stations throughout the plant.

Arranging with foremen for physical examinations, dressings, etc.

Assisting doctor.

Following up correctible defects after examinations.

Cooperating with family physician.

Referring employee to doctor or clinic.

Arranging for hospital care.

Records and reports—analyses.

Rehabilitation.

Workmen's compensation reports, case files, attendance at state hearings, compensation payments and awards.

Teaching first aid, health, safety, home nursing, Americanization.

Taking charge of bulletin boards.

Supplying articles for plant magazine.

Investigating sick absentees.

Helping employee with supervision of family health, guidance, budget.

Referring him to helpful agencies.

Cooperating with community health and social agencies.

Arranging for bedside care.

Supervising cafeteria, cooperative buying, library, rest rooms, plant sanitation.

Helping employee to arrange for part time education.

Subject matter of the Lecture on "The Industrial Nurse," on the second day of the Post-Graduate Course in Industrial Medicine at Long Island College of Medicine, Brooklyn, New York, November 2-13, 1942.

Helping with vacation arrangements.

Supervising care of goggles, respirators, and other safety equipment.

Personnel: recruiting, guidance, placement, follow-up of new employees, transfers, promotions, adjustment of grievances, terminations, records; and reply to inquiries regarding present employees, status and ex-employees' work records.

Helping with group insurance, sick benefits, death benefits.

Mutual aid association.

Sell war bonds and stamps.

Arrange for loans.

Acting as secretary to safety committee, suggestion committee, and others.

Helping with recreational activities, clubs, parties, athletics, etc.

These are some of the things that industrial nurses do. They may not do all of them every day, but I think it is safe to say that almost all nurses in industry engage in all these activities some time during the course of their work.

Staff nurses from various visiting nurse services are also doing part time industrial nursing. This type of service provides for some measure of health supervision in many very small plants where the cost of a full time nurse might be prohibitive.

War activity has presented many new situations. The employment of women in greater numbers and of the physically handicapped, provides problems which are of great interest to nurses in industry.

The activities of the nurse in industry are determined by the needs of that particular industry, and by the cooperation of management. Her opportunities for service are almost limitless, and the increasing interest in the work that she does would seem to indicate that it is generally successful.

COMMENT and OPINION

—*Continued from page 115.*

sent to the division for a toxicological analysis, to see whether it is responsible for an increase in skin troubles. Maybe DR. KRONENBERG'S staff will advise protective creams to guard hands and arms against the irritations caused by certain cutting oils. Sometimes they will make a complete survey of an entire plant, and sometimes they are called in on a specific problem. In either case there is no charge to the employee for the advice, though it often costs him money to follow it. One company recently spent $137,000 in carrying out their recommendations. Virtually all of the jobs that keep DR. KRONENBERG'S doctors, engineers and chemists working overtime seven days a week are done at the employer's request. . . . Their services are in such demand that time is of the essence. When we first began to think of protecting the health of workers we thought in terms of accidents. Then we moved on to occupational diseases. Now the horizon has broadened to include industrial hygiene, which creates a working environment that fosters health and prevents sickness. Working always with the company doctor, the Division of Industrial Hygiene is often called in to see whether illness in a shop is caused by the job or something outside of it. Good plants are flooding their workers with information that reaches out to the home: payroll inserts on colds, and how to prevent them; personal hygiene; how, where and when to take a vacation; what and when to eat and what and where to buy it. One large plant invites the wives of its employees to a series of lectures on nutrition; buying, planning and preparing the right food for a family. A complete survey takes in everything, including such details as the color of paint on the walls. Sometimes employers are advised to see that the windows are washed oftener, or to set up a public address system and give the graveyard shift a lively tune to work by, or to broadcast the baseball games on long, hot summer afternoons. Rest periods, periodic health examinations, the employment of a company nurse and a rest room with cots in it are A, B and C of industrial hygiene. Since the United States entered the war more and more munitions plants are installing cafeterias, because of the danger of sabotage in lunch boxes. And the great increase of women on the production line has caused many changes in plant routine. The Division of Industrial Hygiene is giving a lot of attention, these days, to analyzing the jobs that girls do as well as or better than men, the tasks for which they need special training, and the things (like heavy lifting) that they should never do at all. Safety shoes, with low heels and closed toes, are recommended — to prevent fatigue as well as turned ankles. Off with the earrings, necklaces, wide skirts and frills, when Katy the riveter goes to work.

—HELEN CODY BAKER, in *Chicago Daily News.*

INDUSTRY CALLS!

Increased industrial activity during this past year has created many new openings for Physicians and Nurses in this all important program.

Many of these positions have been listed with our agency by employers who require medical or nursing personnel to fill specific needs in their medical organizations, for they know that through our service they can secure competent personnel with a minimum of effort on their part. We are proud of our reputation for efficient service, and happy to be of assistance to Industry.

In order that we may continue to supply the demands of industrial concerns for professional personnel — physicians, nurses, technicians, etc.,— we invite the inquiries of those seeking employment in this field. Opportunities are plentiful now.

Aznoe's-Woodward Medical Personnel Bureau
Ann Ridley Woodward, Director
30 North Michigan, Suite 422-I
Chicago, Illinois

The Sickness-Prone

IT HAS been found in numerous plants that 12 to 15% of the employees cause 55 to 60% of the time lost by sickness. In other words, this small group are sickness prone and should be the choice for concerted attention along prevention lines. If their record could be made to approach that of the remaining more healthy group it would be a notable achievement. And that is exactly what has been done in some plants. A study of their records indicated that some needed specific remedial work, and that all could be improved by general measures. By a plan of education, dwelling on nutrition and health measures and adjustments in relation to working requirements and shifts, the incidence of absenteeism in this heretofore sickness-prone group was reduced to the general level. Not only that—it was found that the entire plant population benefited and a considerable amount was carried into the homes by the workers. There are plans by which the small plant may organize a medical service. The physician in practice may call at the plant at stated hours and perform as much of his work as possible. This affords him the opportunity of becoming familiar to the employees and the conditions under which they work. Health lectures, first aid instruction, physical examinations, supervision of plant hygiene, and health consultation are duties he can carry out. Another plan is the formation of a unit or group capable of rendering a similar service to a number of small plants. This has been carried out in modifications fairly successfully. In Springfield, Vermont, a working arrangement has been established whereby the physicians of the community spend time in two plants by rotation. It is a cooperative plan between management and the local profession. Apparently it is mutually satisfactory. It is reported that some of the doctors are so fascinated by the work that they spend considerably more than the stipulated time in the plant.

—From "Public Health and Medical Relationships in Industrial Health," by ORLEN J. JOHNSON, M.D., in *Am. J. Pub. Health*, October, 1942.

Vitamin Provision

WHILE there is some division of opinion among industrial physicians about the value of distributing

vitamins to all employees, there is general agreement that for long-run health maintenance vitamin concentrates should be subordinated to the provision of natural diets rich in essential food factors. The physicians agree upon the desirability of supplementing the diet with synthetic vitamins in particular instances of deficiencies that can be isolated and treated. One company, for instance, has reported that after 25 months of vitamin A therapy to improve the efficiency and relieve the eye fatigue of color testers, assembly line rejects due to off-color parts had been reduced from an average of 1.7% to 0.3% — a saving of about $5,000 a year on ranges alone — because of fewer changes in off-color parts after assembly, an increase in the quality of the goods, and entire elimination of un-uniform color. Some firms are distributing vitamin tablets free of charge or at a low price throughout their plant. The medical supervisor of an arms manufacturing company stated that 33% of the employees of one branch took vitamin tablets for eight months, 44% of the group taking them daily and 56% periodically. Forty-two per cent of the employees in the daily group and 58% of the periodical group reported their general health improved and said they fatigued less easily and had over 40% fewer colds than in the previous year. However, most companies using synthetics believe that the best practice is to administer them selectively under the supervision of the company doctor. The medical director of a widespread company tells of his plant's policy: "The . . . company . . . has never embarked on a plan of wholesale distribution of vitamins to its employees as a prophylaxis against vitamin deficiency, but instead has furnished them to some of the employees only when it was found that these individuals required them. These employees are usually the ones in the low wage earners class who would be unable to purchase these expensive vitamins. We only use the best products on the market manufactured by reputable pharmaceutical houses. The [company] has made these vitamins available for its employees for the past four or five years with gratifying results." Companies adhering to this practice state that, since it has been found that many essential food factors are unavailable in concentrate form, it is wise to promote nutritious natural meals and to place the determination of the therapeutic contributions of vitamin pills in the realm of the physician.

—From "Nutritional Programs for Industrial Employees," No. XIII, Industrial Relations Digests, Department of Economics and Social Institutions, Princeton University.

TVA Personnel

ALL TVA construction and operations are carried out by technicians, skilled and unskilled workers employed directly by the Authority. At the close of the fiscal year (1942) 39,579 persons were so employed. From TVA's ranks, 6,463 employees had gone into the armed forces of the United States by November, 1942. Toward offsetting the loss in manpower and meeting increased work loads, the Authority lengthened the work week in the fiscal year from 40 to 52 hours for technicians whose work is directly related to war programs and 44 hours for other office personnel; conducted construction operations on a six or seven-day basis, a portion of the jobs on three shifts a day; recruited and trained thousands of workers on the job; trained women to do work formerly performed only by men; and maintained its unusually low accident rates, thus avoiding excessive man-hour losses. The industrial accident record of the Authority on the whole continued to improve beyond previously low accident rate records, despite an increase of more than 100% in man-hour exposure, the employment of large numbers of new and relatively inexperienced workers, and the undertaking of unusually hazardous operations, such as tunnel construction. Accident frequency rate, based on the number of injuries to the million man-hours of exposure, dropped from 15.7 in the preceding fiscal year to 14.1. Accident severity rate, based on the number of days lost to the thousand man-hours of exposure, dropped from 2.2 to 1.95.

Parasites

THE types of sicknesses resulting from parasitical infection of the human body are much more widely distributed than is commonly supposed. They range from the less harmful common roundworm and pinworm to the tapeworms which are very harmful, and the hookworm, whose effects are devastating. Then there are the blood flukes, a sort of worm which lives in the large blood vessels which lie close to the intestines and whose effects are often deadly. Also, there are the cysts, the best known of which is the trichina worm which reaches all parts of the body through the blood stream. The effects of all of these parasites are similar in that they bring on progressive illness, usually of such a character that, although the person is not bedridden, he becomes a walking accident hazard wherever he is working. A person infected with parasites gradually loses his alertness and pep, becoming more sluggish as time passes. His interest lags with his lack of spirit, while his reflexes are slowed down alarmingly and may lead to the following type of accident. A mine car on a siding starts to move; a worker with a heavy parasitic infection is standing with one foot on the track. He watches the car start to move, but he does not try to stop it nor does he remove his foot from the rail until struck. The common result of any parasitic infection is malnutrition, usually accompanied by some form of anemia, both of which greatly reduce resistance to fatigue, a well-known cause of many accidents. Also, owing to lowered vitality, a man's resistance to ordinary sickness is much less. He has either to take time off, or work in a still more hazardous condition. The lowered vitality and lack of resistance brought on by parasitic infection mark him as a likely victim for any health hazards in the industry in which he is employed. Shortly after the first of the year Minas de Matahambre, S. A., as a precautionary measure, started examinations for parasites of all workmen involved in accidents, even first-aid cases. At a later date it may be possible to give an analysis of the data obtained. All possible sanitary control measures are in force for the prevention of parasitic infection and malaria has been almost eliminated by the "mosquito patrol" which has been at work for years. Only filtered, chlorine-treated water is used in the camp and in the mine underground, and, as a result of all of these precautions, Matahambre is one of the most healthful spots in all of Cuba.

—H. B. LEGGETT, formerly Safety Engineer, Mines de Matahambre, S. A., Province Pinar del Rio, Cuba, in *Mining Journal*, November 15, 1942.

Absences

IF ANY worker in an "essential undertaking" (1) is absent without reasonable excuse; (2) is persistently late for work; or (3) fails to comply with any lawful or reasonable orders given him (including any orders as to working day or night and as to a reasonable amount of overtime), his case will be referred to the Joint Labor-Management Committee of the plant for action. A worker prosecuted in this manner may be fined or imprisoned or, if he is of military age, he may lose his status as "deferred from military service." Of the 7,500,000 workers subject to the restrictions of the act, about 250 were prosecuted and 40 received prison terms during the 18 months from March, 1941, to September, 1942.

—Abstract of anonymous article, "Great Britain's Experience with Absenteeism," in *Management*, December, in *Industrial Hygiene Digest*, January.

ABSENCES from work for the nation generally continue to rise, reaching shocking levels in some industries. A West Coast company has devised a "Time Clock Jackpot Plan" to promote regular attendance. The plan pays off in war bonds and stamps, and is said to be getting results. Bonus plans for regular work have been tried in England but with little success. Income tax is given as a cause of absenteeism by some British workers who say, "why make so much you have to pay a tax?" But sickness is the major cause of absences, claiming an estimated eight days per worker yearly.

—From Industrial Hygiene Foundation's *Foundation Facts*, January.

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1 Barr, P. B. Modern Medical Therapy in General Practice, The Williams & Wilkins Company, 1940

2 Surgical Practice of the Lahey Clinic, page 792, 1942

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